



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-09.0	Subject: Health Care Evaluation and Monitoring of Inmates in Locked Housing	
Reference: NCCHC Standards P-E-09, 2014 MH-E-07, 2015	Page 1 of 4 and 3 attachments	
Effective Date: November 1, 2010	Revised: June 1, 2017	
Signature / Title: /s/ Tricia Ayers-Weiss CSD Mental Health Bureau Chief		
Signature / Title: /s/ Medical Director		
Signature / Title: /s/		

I. **Purpose:**

To establish and clarify the operational procedure for identifying medical and mental health contraindications and needs and continued monitoring of the medical and mental health status of all inmates who are placed in locked housing units for any reason at Montana State Prison. When an inmate is placed in locked housing, a qualified health care professional will identify inmates whose placement in locked housing is contraindicated due to medical and/or mental health conditions or who may need accommodations while in locked housing. Qualified health care professionals will provide consultation to the Administrative Review Committee and 30-day review meetings regarding locked housing placements and medical and mental health needs. A qualified mental health professional will provide weekly mental health rounds to segregated inmates to assess their mental health status and provide appropriate treatment/referrals. A Qualified health care professional will provide mental health and medical evaluations 3 days a week for inmates placed on Behavior Management Plans.

II. **Definitions:**

Administrative Housing (AH) – A non-punitive housing status for offenders who request removal from the general population or require protection for their safety and well-being.

Disciplinary Detention – A punitive confinement determined by a due process impartial hearing that separates offenders from the general population for serious rule violations.

Emergency – An unforeseen combination of circumstances or the resulting state that calls for immediate action.

High Security cells – a temporary and non-punitive separation from regular housing to establish the safety of an inmate through health services.

Behavior Management Plan (BMP) - a plan on which the prison places an inmate to end the inmate's assaultive and/or dangerous conduct. The plan is in effect for six months. During the six months the Unit Manager or designee in conjunction with a mental health professional can activate the plan when the inmate engages in the conduct the plan seeks to end. The Unit Manager or designee will deactivate the plan when the inmate has successfully completed steps one through three.

Locked Housing - for the purpose of this operational procedure, are the cells at MSP used for pre-hearing confinement (PHC) and detention and those designated to house Administrative Segregation, Restricted Administrative Segregation, Special Management, and Maximum Security inmates.

Mental Illness: A mental disorder as defined in the *Diagnostic and Statistical Manual of Mental Disorders 5th edition* of the American Psychiatric Association, in which the person exhibits impaired emotional, cognitive, or behavioral functioning that interferes seriously with his or her ability to function

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adequately except with supportive treatment or services. These individuals also must either currently have, or have had within the past year, a diagnosed mental disorder, or must currently exhibit significant signs and symptoms of a mental disorder.

Pre-Hearing Confinement (PHC) - A short-term, non-punitive housing status that is used to safely and securely control high-risk or at-risk offenders (definition from 3.5.1 MSP Locked Housing Procedure)

Qualified Health Care Professionals – Physicians, physician assistants, nurses, nurse practitioners, dentists, mental health professionals and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for offenders, including contracted or fee-for-service professionals.

Qualified Mental Health Professionals – Psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, licensed professional counselors and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of offenders

Restricted Administrative Segregation (RAS) - a long term locked housing custody level for inmates with repetitive assaultive, rebellious, disruptive or predatory behaviors, including inmates returning to the facility for an escape resulting in harm or injury to other persons from a secure facility (MSP, DOC Work and Reentry Center, Private and Regional Prisons, and County Jails).

Segregation – inmates isolated from the general population and who receive services and activities apart from other inmates. Facilities may refer to such conditions as administrative segregation, protective custody, disciplinary segregation, and high security cells.

Severe Mental Illness (SMI): **A primary diagnosis of** any of the following conditions (excluding mild, unspecified, or due to physiological disturbances and physical factors) which results in recurrent substantial impairment in carrying out major life activities in social, occupational and other important daily activities, based on the symptom criteria, duration of illness, and functional severity index listed in the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders* and require assigned staff interventions to ensure the safety of the inmate, staff, other inmates, and overall facility operations. This includes offenders previously diagnosed with such mental illness and the previous diagnosis has been substantiated unless there is certification in the record that the diagnosis has been changed or altered as a result of a more recent mental health evaluation by a licensed mental health professional or symptoms of the illness are currently in remission as defined by the most current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Schizophrenia, delusional disorder, schizophreniform, schizoaffective, bipolar I, bipolar II, major depressive disorder, panic disorder with or without agoraphobia, obsessive compulsive disorder, post-traumatic stress disorder, autism spectrum disorders, and borderline personality disorder

III. Procedures:

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- A. A qualified health care professional will review the inmate's health record upon notification, but no later than 24 hours of the inmate's placement in locked housing and will determine if there are any medical or mental health contraindications or accommodations to be considered regarding the placement in accordance with *DOC 4.5.21*
 - a. The qualified health care professional will immediately refer inmates to mental health if it is determined that locked housing placement is contraindicated due to mental health needs
 - b. Inmates identified as having a mental health need will be evaluated by a qualified mental health professional within 24 hours of the referral
 - c. Inmates identified as having a severe mental illness should be diverted from locked housing placement if/when placement is available in the least restrictive environment that would also maintaining the safety of the inmate, staff, other inmates, and overall facility operations.
 - i. In the event that there are no other alternatives aside from locked housing placement, inmates identified as having a severe mental illness should not reside in locked housing beyond 30 days
 - ii. Inmates identified as having a severe mental illness shall receive clinically appropriate mental health treatment as determined by the qualified mental health professional and within the parameters outlined in *MSP 3.5.1*
- B. A qualified mental health professional will continually monitor the mental health status of all inmates in locked housing units.
 - a. The Psychiatric RN or other qualified mental health professional will conduct, document and retain evidence of locked housing rounds for all inmates in locked housing units as indicated below:
 - i. Face-to-face interaction between the inmate and qualified mental health professional is required during mental health rounds
 - ii. Administrative segregation and restrictive administrative segregated inmates are allowed periods of recreation and other routine social contact among themselves while being segregated from the general population. These inmates are checked weekly by the Psychiatric RN or other qualified mental health professional.
 - iii. Inmates housed in PHC and disciplinary detention have routine contact with staff and are allowed limited time out of their cells. These inmates are checked weekly by the Psychiatric RN or other qualified mental health professional.
 - b. The Psychiatric RN or other qualified mental health professional will document and retain evidence of locked housing rounds by completing the *MSP Mental Health Services Segregation Rounds Logs (see attachment A)* and will place completed logs in the inmate's mental health records.
 - c. A qualified mental health professional will perform a face-to-face mental health evaluation for all inmates who have been in locked housing for 30 days and every 30 days thereafter should they remain in locked housing.
 - d. Significant mental health findings during weekly rounds and/or 30 day face-to-face evaluations are noted in the inmate's health record and immediately communicated to

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custody officials and other health care staff who require the information to ensure the safety of the inmate, staff, and overall facility operations

- e. Based on mental health evaluations and rounds in segregation inmates may be temporarily released from segregation in order to receive appropriate and necessary mental health care.
- C. A qualified mental health professional will monitor all inmates placed on Behavior Management Plans (limited contact isolation).
 - a. Inmates who are placed on Behavior Management Plans are monitored 3 days per week by the Psychiatric RN or other mental health nurse for mental health or medical problems or complaints
 - b. BMP segregation checks are documented on the *BMP Segregation Checks forms (see attachment B)*
 - c. The *BMP Segregation Checks form* will be filed in the inmate's mental health record.
 - d. Any significant physical problems will be referred to medical staff.
- D. A representative from the mental health department will attend locked housing review meetings with custody officials which includes:
 - a. weekly MSP Administrative Review Committee meetings to review the appropriateness of an inmate's placement in administrative segregation or restrictive administrative segregation based on their current mental status and history
 - b. locked housing status review planning meetings arranged by the unit management team for inmates who are placed in "max" custody initiated within 30 days of the inmate's placement in "max" custody and every 30 days thereafter.
 - i. Staff will document these assessments utilizing a *Mental Health Consultation Note form (see attachment C)* for all inmates placed in Ad-Seg or RAS and will place completed forms in the inmate's medical and mental health files
- E. Qualified health care professionals conduct medical rounds daily to ensure the physical well-being of inmates in locked housing
 - a. Significant medical findings during daily medical rounds are noted in the inmate's health record and communicated to custody officials and other health care staff to ensure the safety of the inmate, staff, and overall facility operations
 - b. Appropriate medical referrals are made as clinically indicated
- F. All staff may initiate an emergency referral in the event of an urgent medical or mental health issue by contacting the on-call medical and/or on-call mental health providers.

IV. Closing

Questions concerning this operational procedure should be directed to the Responsible Health Authority or designee

V. Attachments/Appendices

MSP Mental Health Services Segregation Rounds Log	attachment A
BMP Segregation Checks form	attachment B
Mental Health Consultation Note form	attachment C

MSP MENTAL HEALTH SERVICES SEGREGATION ROUNDS LOG

NCCHC Standard P-E-09, M-E-07; Segregated Inmates: Compliance Indicator 3, c; 4, and 5

Inmate: Click or tap here to enter text.
text.

AO/ID#:Click or tap here to enter

[illegible]

BMP Segregation Checks

(Assess 3 days a week)*

Inmate Name: Click or tap here to enter text.

AO/ID#: Click or tap here to enter

Date BMP Initiated: Click or tap to enter a date.
a date.

Date BMP Completed: Click or tap to enter

Chronic Health Problems: Click or tap here to enter text.

Special Needs/HSRs: Click or tap here to enter text.

KOP meds reviewed?: ☐ N/A ☐ Yes ☐ No

Medical Staff Notified? Date(s): Click or tap here to enter text.

Reason: Click or tap here to enter text.

Unit: Click or tap here to enter text. Block: Click or tap here to enter text.
enter text. Year: Click or tap here to enter text.

Month: Click or tap here to

Staff Initials and Time

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Staff Initials and Time

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**NCCHC Standard P-E-09, M-E-09; Segregated Inmates: Compliance Indicator 3, c: Inmates that are segregated and have limited contact with staff or other inmates are monitored 3 days a week by medical or mental health staff.*

BMP Segregation Checks Log

[illegible]

Mental Health Consultation Note

Mental Health Services
Montana State Prison

Administrative Classification Review Committee

Date: Click or tap to enter a date.

Inmate Name: Click or tap here to enter text.	AO#: Click or tap here to enter text.
Recommending Unit: Click or tap here to enter text.	Recommended Placement: Click or tap here to enter text.

Rationale for Placement:

Click or tap here to enter text.

Mental health history and problems influencing placement: *Select one of the following*

☐ This inmate has no known history of psychiatric problems or symptoms that would preclude a locked housing assignment for inappropriate behavior. The inmate will be seen weekly during mental health rounds by a mental health professional while located in locked housing.

☐ This inmate is not appropriate for a locked housing placement for the following reasons:
Click or tap here to enter text.

Committee decision:

Click or tap here to enter text.

Mental Health Consultant Signature

Date